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LICENSE NUMBER: 0148	00003	CITY OR TOWN BROO	KLINE
APPLICATION FOR REN	EWAL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: BOS	TON HOSPITALITY SPVEF, I	LC	
DOING BUSINESS A HO	LIDAY INN BOSTON AT BRO	OOKLINE	
ADDRESS 1200 BEACON	IST.		
CITY/TOWN: BROOKLI	NE STATE: MA	A ZIP CODE: 02446	i
MANAGER: ANDERSO ROBERT J		Innholder CATEGOI	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	ND 2 SERVICE ENTRANCES,F T, 2 KITCHENS, DINING ROC		
I hereby certify and swear t	under penalties of perjury that:		
1. the renewed lice	ense will be of the same type for t	the same premises now licensed	;
2. the licensee has	complied with all laws of the Co	mmonwealth relating to taxes; a	and
3. the premises are	now open for business (If not ex	xplain below)	
SIGNED BY Indiv	vidual, Partner or Authorized Co	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIF	
		(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed by th	st that we are in possession (1) ne building inspector and the he e certificate of liquor liability in	ead of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		<del></del>	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14800004		CITY OR TO	WN DROUKLI	INE
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: D	D2 RESTAURANT	LLC			
DOING BUSINESS A	HOPS'N SCOTCH	BAR & GRILL			
ADDRESS 1306 BEAC	CON ST.				
CITY/TOWN: BROO	KLINE	STATE: MA	ZIP COD	E: 02446	
MANAGER: NG, YC	ONG H. TYPE	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEB	3SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISE	ES:			
2 FLOORS,DINING ROOM AND OR FUNC ENTRANCE AND EM	CTION ROOM,KIT				
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for th	ne same premises	now licensed;	
2. the licensee	has complied with a	all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the premises	are now open for b	ousiness (If not exp	plain below)		
SIGNED BY					
I	ndividual, Partner o	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>oT</u> Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)		-		
D 4 1115					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800006		CITY OR TOWN BROOKLINE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: ALEVISTA INC.			
DOING BUSINESS A VERNISSAGE RE	ESTAURANT		
ADDRESS 1627 BEACON ST			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: VYSOCHINAS, TYPE ALEKSANDRAS	E OF LICENSE: Res	caurant CATEGORY: All A	lcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
2 DINING RMS.SEATING CAPACITY CON FIRST FLOOR, plus 5 bar stools OPI ELEVATOR TO 1ST FLOOR WITH ANI	EN DINING AREA	ON SECOND FLOOR WITH	15
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	* *	<u>*</u>	
2. the licensee has complied with a		<u>.                                      </u>	
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer	
	·		
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NU	MBER:
TELEK TIGHTE	arteniber.	(Note: NOT Individual Social Security N	Jumber)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	ector and the head	of the fire department for the above	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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	CITY OR TOWN BROOKLINE
Annual	LICENSED FOR 2013
CLASS	YEAR
TAGE CORPORATION	
C HOUSE	
STATE: MA	ZIP CODE: 02445
TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
EMISES:	
	AYS DINING ROOM,BAR AND NCES AND TWO REAR EXITS TO
alties of perjury that:	
e of the same type for the s	same premises now licensed;
with all laws of the Comm	onwealth relating to taxes; and
n for business (If not explain	in below)
	. 000
rtner or Authorized Corpor	rate Officer
IONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
10NE NUMBER:	(Note: NOT Individual Social Security Number)
g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS CTAGE CORPORATION C HOUSE  STATE: MA TYPE OF LICENSE: Rest CUR WEBSITE AND ENTER YOUR EM EMISES: NECTED BY 2 DOORWA ONLY, 2 FRONT ENTRA Culties of perjury that: e of the same type for the s with all laws of the Comm on for business (If not explain cultiple of the service of the service of the same type for the same type for the same type for the sa



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LICENSE NUMBER: 01480	0009	CITY OR TOWN BROOKLINE
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: INDIC	CA 2, LLC	
DOING BUSINESS A TAM	IARIND BAY-COASTAL IND	IAN KITCHEN
ADDRESS 1665 BEACON S	ST.	
CITY/TOWN: BROOKLIN	E STATE: MA	ZIP CODE: 02445
MANAGER: KAPOOR, VI	KAS TYPE OF LICENSE:	destaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENS		
	OM, KITCHEN, STORAGE R EMERGENCY EXIT AT REA	OOM IN BASEMENT ENTRANCE AND AR OF BLDG.
I hereby certify and swear un	der penalties of perjury that:	
1. the renewed licens	se will be of the same type for t	ne same premises now licensed;
2. the licensee has co	omplied with all laws of the Con	mmonwealth relating to taxes; and
3. the premises are n	ow open for business (If not ex	plain below)
SIGNED BY	dual, Partner or Authorized Cor	porate Officer
marvi	dual, I arther of Authorized Col	porate officer
DATE:		EMPLOYER IDENTIFICATION NUMBER:
Dille.	TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
		the certificate required by Chapter 304 of the ad of the fire department for the above
		surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		·
(If disapproved explain)		
DATE:		·



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LICENSE NUMBER: 01480	00011	CITY OR TOWN	BROOKLINE
APPLICATION FOR RENE	EWAL: Annua	ıl LICEN	ISED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: SICH	UAN FOOD SERVICE INC		
DOING BUSINESS A SIC	HUAN GOURMET		
ADDRESS 1004-8 BEACO	N ST.		
CITY/TOWN: BROOKLIN	NE STATE:	MA ZIP CODE:	02446
MANAGER: QUING XU BURKE, SU		SE:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
STREET FLOOR WITH DI RESTROOMS,CELLAR FO			
I hereby certify and swear un			
1. the renewed licer	nse will be of the same type f	or the same premises nov	v licensed;
2. the licensee has c	complied with all laws of the	Commonwealth relating	to taxes; and
3. the premises are	now open for business (If no	t explain below)	
SIGNED BY			
Indiv	idual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed by the	t that we are in possession e building inspector and th certificate of liquor liabilit	e head of the fire depart	ment for the above
Please Check Below:		LOCAL LICEN	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		<del></del>	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:014800012		CITY OR T	OWN	BROOKL	INE
APPLICATION FOR	RENEWAL:	Annual	]	LICENS	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	RITZ ASIA,ING	C				
DOING BUSINESS A	A BUDDA C					
ADDRESS 1223 BEA	ACON ST.					
CITY/TOWN: BRO	OKLINE	STATE: MA	ZIP CO	DE:	02446	
MANAGER: YANG	G LI,SONG	ΓΥΡΕ OF LICENSE: Re	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	CMAIL ADDRESS			
DESCRIPTION OF I						
		RED ATRIUM AND K FORAGE IN BASEME		MAIN	FLOOR; FI	RONT
I hereby certify and sv	wear under penal	ties of perjury that:				
1. the renewe	ed license will be	of the same type for the	e same premis	es now	licensed;	
	-	vith all laws of the Com		lating to	taxes; and	
3. the premis	es are now open	for business (If not exp	lain below)			
SIGNED BY	Individual Part	ner or Authorized Corp	orate Officer			
	11101 / 100011, 1 011	and of Figure 1200 Corp	0111001			
DATE:	TEI EDH	ONE NUMBER:	EM	PLOYER	IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETT	OIVE IVOIMBER.	(Note: 1	NOT Ind	ividual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) the inspector and the heate of liquor liability inst	d of the fire o	departr	nent for the	above
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	ın)		-			
DATE:						
D.111D.						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800013		CITY OR TOWN BROOKL	INE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: FUJI RESTAURA!	NT CORPORATION		
DOING BUSINESS A FUGAKYU JAPA	ANESE CUISINE		
ADDRESS 1278-8 BEACON STREET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER: LEUNG, EDWARD TYP	E OF LICENSE: Res	ctaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DINING ROOM AND KITCHEN ON ST FLOOR UP FROM KITCHEN; ONE FRO HALL LOBBY;TWO REAR EXITS FRO WITH EXIT TO PLEASANT ST	ONT ENT FROM BE	EACON ST. 2 ENT FROM PEL	HAM
I hereby certify and swear under penalties  1. the renewed license will be of the discussion of the licensee has complied with the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with	the same type for the all laws of the Comm	nonwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUMBER: 014800014		CITY OR TOWN BROOKLINE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: KIM & JUNG CORP	PORATION		
DOING BUSINESS A YASu			
ADDRESS 1366 BEACON ST.			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER: JUNG, DANIEL IN TYPE	OF LICENSE: Res	staurant CATEGORY: All Alcoho	l
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	S:		
DINING ROOM, COCKTAIL LOUNGE, KI			
STOCK, DRESSING ROOMS AND OFFICE BEACON ST AND ONE REAR EXIT AT			
I hereby certify and swear under penalties or	f perjury that:		
1. the renewed license will be of the	e same type for the	same premises now licensed;	
2. the licensee has complied with a	ll laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open for bu	usiness (If not expla	ain below)	
SIGNED BY			
Individual, Partner or	r Authorized Corpo	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER	:
		(Note: NOT Individual Social Security Number	
		(1366) 1102 marvidua Bociai Becurity Tumber	)
Acts of 2004, signed by the building inspe	ector and the head	e certificate required by Chapter 304 of the	
Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.  Please Check Below:	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above	
Acts of 2004, signed by the building insponamed license and (2) the certificate of license 2010.  Please Check Below: APPROVED:	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building insponamed license and (2) the certificate of license 2010.  Please Check Below: APPROVED:	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	



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LICENSE NUM	BER: 014800015		CITY OR TOWN BROO	KLINE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: GOLDEN TEM	MPLE INC.		
DOING BUSINE	ESS A GOLDEN TE	MPLE RESTAURANT	?	
ADDRESS 1649	- BEACON ST.			
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02445	i .
	HORNFELDT, J.	TYPE OF LICENSE: R	estaurant CATEGO	RY: All Alcohol
EMAIL ADDRE	SS:			
DESCRIPTION	PLEASE ALSO VISIT OF OF LICENSED PRE	UR WEBSITE AND ENTER YOUR I EMISES:	EMAIL ADDRESS	
I hereby certify a	nd swear under pena	Ities of perjury that:		
•	*		e same premises now licensed	l <b>;</b>
2. the lic	censee has complied	with all laws of the Com	nmonwealth relating to taxes;	and
3. the pr	remises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, sig	gned by the building	g inspector and the hea	he certificate required by Cl ad of the fire department for urance required by Chapter	the above
Please Check Below:	<u>:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved e	Apiaiii)			
DATE:				
APPLICATION FOR RI	ENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUMBER: 014800018		CITY OR TOWN	BROOKLINE
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FIREPLACE, LLC			
DOING BUSINESS A THE FIREPLACE	3		
ADDRESS 1634 BEACON STREET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE:	02445
MANAGER: SOLOMON, JAMES TYP	E OF LICENSE: Res	staurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
DINING ROOM, OPEN KITCHEN, COO	CKTAIL LOUNGE.		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	he same type for the	same premises now l	icensed;
2. the licensee has complied with	all laws of the Comr	nonwealth relating to	taxes; and
3. the premises are now open for	business (If not expla	ain below)	
SIGNED BY			
Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
		(Note: NOT Indiv	vidual Social Security Number)
We the undersigned, attest that we are	in neggession (1) th	o contificato nocuino	I by Chanton 204 of the
Acts of 2004, signed by the building ins	-	_	• •
named license and (2) the certificate of			
of 2010.			
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	₹: 014800023		CITY OR TOWN	BROOKLINE
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	VERONIQUE COL	RPORATION		
DOING BUSINESS	A VERONIQUE			
ADDRESS 20 CHAI	PEL ST.			
CITY/TOWN: BRO	OOKLINE	STATE: MA	ZIP CODE:	02446
MANAGER: APT	EKER, JAMES TYP	PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF				
DINING ROOM,BA ENTRANCE AND (		CHEN,2 FUNCTION	N ROOMS ON FIRST	FLOOR. MAIN
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now l	licensed;
2. the licens	ee has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the premi	ses are now open for	business (If not exp	lain below)	
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer	
	marriada, rarmer	of Humorized Corp	orace officer	
DATE:	TEI EDUON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TELETHON	E NOMBER.		vidual Social Security Number)
*** 41 1 .	1 44 441 4	• 4) 41		11 61 4 204 64
			ie certificate require id of the fire departn	d by Chapter 304 of the nent for the above
				Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ıın)			
DATE:				
APPLICATION FOR RENEW	WAL MUST BE FILED BY L	ICENSEES DURING THE M	MONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 014800	1025	CITY	OR TOWN	DROOKLII	NE
APPLICATION FOR RENEV	WAL: Annu	ıal	LICENS	SED FOR 20	013
	CLA	SS			YEAR
LICENSEE NAME: THE COORDING BUSINESS A	OUNTRY CLUB				
ADDRESS 191 CLYDE ST.	COT A TIPE	) (A	D CODE	02467	
CITY/TOWN: BROOKLIN			P CODE:	02467	
MANAGER: CHAG, DAV	D B. TYPE OF LICEN	SE:Club	CA	TEGORY:	All Alcohol
DESCRIPTION OF LICENS 3 FLOORS AND BASEMEN SITTING ROOMS OFFICE. ROOM. 3RD FLR;HELP'S Q ROOMS,11 ENTRANCES A I hereby certify and swear und 1. the renewed licens	T. FIRST FLOOR, DININ SECOND FLOOR; OFFICUARTERS, 7 BEDROOM ND EXITS ler penalties of perjury that e will be of the same type	IG ROOM,BAI CES,BALLROO IS. BASEMEN at: for the same pr	R KITCHEN OM, 9 GUES VT; BOILER Tremises now	T ROOMS,I ROOM,STO	DINING
	implied with all laws of the		_	taxes; and	
3. the premises are no	ow open for business (If n	ot explain belo	W)		
SIGNED BY Individ	lual, Partner or Authorized	l Corporate Off	ficer		
DATE:	TELEPHONE NUMBER:	1)	EMPLOYER Note: NOT Indi		ION NUMBER: ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the co of 2010.	building inspector and t	he head of the	fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC. By:	CAL LICENSI	ING AUTHO	DRITY
DATE:					
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURIN	G THE MONTH OF	NOVEMBER (M.	G.L. Ch. 138 \$ 16	5A)



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LICENSE NUM	MBER: 014800026		CITY OR TOWN	BROOKLINE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 191		CLUB		
CITY/TOWN:		STATE: MA	ZIP CODE:	02467
	CHAG, DAVID B. TYI	PE OF LICENSE: Clı		ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	SES:		
	FOOD AND BEVERAGE TO PROVIDE LIMITED S STRUCTION			
I hereby certify	and swear under penalties	of perjury that:		
1. the r	renewed license will be of	the same type for the	same premises now	licensed;
2. the 1	icensee has complied with	all laws of the Com	nonwealth relating t	o taxes; and
3. the p	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	d of the fire depart	
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	expiaiii)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	014800028		CI	TY OR TOW	'N BROOKL	INE
APPLICATION FOR I	RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	BROOKLINE ENTE	RTAINME	NT INC			
DOING BUSINESS A	THE VILLAGE SM	OKEHOUS	E			
ADDRESS 0006-9 HA	RVARD SQUARE					
CITY/TOWN: BROC	KLINE	STATE:	MA	ZIP CODE:	02445	
MANAGER: KAPLA	AN, ALAN TYPE	OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI						
3 ROOMS,INCLUDIN COUNTER,KITCHEN ROOM AND RESTRO	ON FIRST FLOOR,	BASEMEN	T OFFIC			ΓORAGE
I hereby certify and swe						
•	l license will be of the			ne premises n	ow licensed;	
2. the licensee	has complied with all	l laws of the	Common	wealth relatin	g to taxes; and	
3. the premises	s are now open for bu	siness (If no	t explain	below)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporate	e Officer		
D.A.TIE						
DATE:	TELEPHONE I	NUMBER:			YER IDENTIFICA Individual Social	
				(11010. <u>1101</u>	murviduai Sociai	Security Number)
We the undersigned, Acts of 2004, signed k named license and (2) of 2010.	by the building inspe	ctor and th	e head of	the fire depa	rtment for th	e above
Please Check Below:			I	LOCAL LICE	NSING AUTH	IORITY
APPROVED:	٦		I	Зу:		
DISAPPROVED: (If disapproved explain	]					
(11 disapproved expidin	7					
DATE:						



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LICENSE NUMB	ER: 014800029		CITY OR TOWN BROOKL	INE
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAMI DOING BUSINES ADDRESS 398 H	SS A GENKI YA			
CITY/TOWN: B	ROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: ZF	HAO, HUA Z	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	<u> </u>
DESCRIPTION O				
A FIRST FLOOR DINING ROOM.	LOCATED AT 3	98 HARVARD STREET V	VITH SEPARATE KITCHEN .	AND
I hereby certify and	d swear under per	nalties of perjury that:		
2. the lice	ensee has complied	• •	same premises now licensed; nonwealth relating to taxes; and iin below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ned by the buildi	ng inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	plain)			
LI.	<u>,</u>			
DATE:				



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LICENSE NUMBER	:014800032		CITY O	R TOWN	BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	LY, DUONG & T	O, INC.				
DOING BUSINESS	A PHO LEMONG	RASS				
ADDRESS 239 HAR	VARD ST.					
CITY/TOWN: BRO	OKLINE	STATE: MA	ZIP	CODE:	02446	
MANAGER: TO, D	OAISY LINH TY	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRES	SS		
DESCRIPTION OF I						
FIRST FLOOR; DIN					AGE	
I hereby certify and sv	wear under penaltie	es of perjury that:				
1. the renewe	ed license will be of	f the same type for th	ne same pre	mises now	licensed;	
2. the license	e has complied wit	th all laws of the Con	nmonwealth	n relating t	o taxes; and	
3. the premis	es are now open fo	or business (If not exp	plain below)	)		
SIGNED BY						
	Individual, Partne	er or Authorized Corp	porate Offic	er		
DATE:	TEL EDITO	ATE ATTACKED		EMDI OVEI	D IDENTIFICAT	TION NUMBER:
2.112.	TELEPHO	NE NUMBER:				Security Number)
We the undersigned Acts of 2004, signed						
named license and ( of 2010.						
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NO	OVEMBER (M	1.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:	014800033		CITY OR TOW	N BROOKLINE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	KHAO SARN,INC.			
DOING BUSINESS A	KHAO SARN CUIS	SINE		
ADDRESS 250 HARV	/ARD ST.			
CITY/TOWN: BROO	OKLINE	STATE:	MA ZIP CODE:	02146
MANAGER: HAKA KIRIY		OF LICENSI	E:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES	S:		
FIRST FLOOR WITH ENTRANCE/EXIT AN		D KITCHEN	CELLAR FOR STOR	RAGE; ONE FRONT
I hereby certify and sw	ear under penalties of	perjury that:		
1. the renewed	l license will be of the	same type fo	r the same premises no	ow licensed;
2. the licensee	has complied with al	l laws of the (	Commonwealth relating	g to taxes; and
3. the premise	s are now open for bu	siness (If not	explain below)	
SIGNED BY				
	Individual, Partner or	Authorized C	Corporate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOY	YER IDENTIFICATION NUMBER:
			(Note: NOT	Individual Social Security Number)
Acts of 2004, signed l	by the building inspe	ector and the	head of the fire depa	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below:			LOCAL LICE	NSING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)		<del></del>	
DATE:				



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LICENSE NUMBE	R: 014800040		CITY OR TOWN	BROOKLINE
APPLICATION FO	R RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: HARVARD LOUN	GE & REST. INC.		
DOING BUSINESS	S A CORRIB PUB OF	BROOKLINE		
ADDRESS 201-03	HARVARD STREET			
CITY/TOWN: BR	OOKLINE	STATE: MA	ZIP CODE:	02446
MANAGER: BLI	GH, ANTHONY TYP	E OF LICENSE: Re	staurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	F LICENSED PREMIS			
	ECTED BY AN ARCH FOR STORAGE. TWO			
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of t	he same type for the	same premises now lie	censed;
2. the licen	see has complied with	all laws of the Com	nonwealth relating to t	axes; and
3. the prem	nises are now open for l	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TEEET ITOTAL	STOMBER.	(Note: NOT Indivi	dual Social Security Number)
We the undersign	ad attact that we are	in neggession (1) th	o contificato nocuinad	by Chapter 304 of the
	ed by the building ins			
named license and of 2010.	(2) the certificate of	liquor liability insu	rance required by Cl	hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	IC AUTHODITY
APPROVED:			By:	IG AUTHORITT
DISAPPROVED:			<b>- J</b> ·	
(If disapproved exp	lain)			
DATE:				
	EWAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G.	L. Ch. 138 \$ 16A)
		CIGH 10 IIIL 191		



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LICENSE NUMBI	ER: 014800042		CITY OR TOW	N BROOKLI	NE
APPLICATION FO	OR RENEWAL	: Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: Lin Holding	gs, Inc			
DOING BUSINES	S A CHEF CH	OW RESTAURANT			
ADDRESS 230 HA	ARVARD STRI	EET			
CITY/TOWN: BF	ROOKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: Lin	, Chang Hai	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		IT OUR WEBSITE AND ENTER YOUR	t EMAIL ADDRESS		
DESCRIPTION OF					
-		GROUND FLOOR HAS 2 STORAGE. ONE FRON			
I hereby certify and	l swear under pe	enalties of perjury that:			
1. the rene	wed license wil	l be of the same type for the	he same premises no	w licensed;	
	-	ed with all laws of the Cor	_	g to taxes; and	
3. the pren	nises are now o	pen for business (If not ex	plain below)		
SIGNED BY					
SIGNED B I	Individual,	Partner or Authorized Cor	porate Officer		
DATE:	TELE	EPHONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersion	ed attest that	we are in possession (1)	the certificate requ	ired by Chant	er 304 of the
Acts of 2004, sign	ed by the build	ling inspector and the he	ead of the fire depar	rtment for the	above
named license and of 2010.	d (2) the certifi	cate of liquor liability in	surance required b	y Chapter 116	of the Acts
Please Check Below:			LOCALLICE	NICINIC ATITUTE	ODITY
APPROVED:	1		LOCAL LICEN By:	NSING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved exp	olain)		-		
DATE:					
			-		
APPLICATION FOR REN	EWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER	. (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBI	ER: 014800043		CITY OR TOWN BRC	OKLINE
APPLICATION FO	OR RENEWAL	: Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: NUMBER 2	P,INC.		
DOING BUSINES	S A COOLIDO	E CORNER CLUBHOUSE		
ADDRESS 00307A	A HAVARD ST	•		
CITY/TOWN: BF	ROOKLINE	STATE: MA	ZIP CODE: 024	46
	MPER, IDREW M.	TYPE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION O				
		UNGE AND KITCHEN LO GE; ONE FRONT ENTRAI		
I hereby certify and	d swear under pe	enalties of perjury that:		
1. the rene	ewed license wil	l be of the same type for the	same premises now licens	ed;
2. the licer	nsee has complie	ed with all laws of the Comn	nonwealth relating to taxes	s; and
3. the pren	nises are now of	en for business (If not expla	in below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:		ΠΕΙΕΛΑΤΙΟΝ NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, sign	ed by the build	we are in possession (1) the ling inspector and the head cate of liquor liability insu	of the fire department f	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-1-:)			
(If disapproved exp	лаш)			
			<del></del>	
DATE:				



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LICENSE NUMI	BER: 014800044		CITY OR TOWN	BROOKLI	NE
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: BROOKLINE I	LODGE #886 B.P.O. OI	FELKS		
DOING BUSINE	ESS A				
ADDRESS 40 K	ENT ST.				
CITY/TOWN: I	BROOKLINE	STATE: MA	ZIP CODE:	02445	
	ROGERS, EDWIN 7. JR.	ΓΥΡΕ OF LICENSE: Ch	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION (	OF LICENSED PRE	MISES:			
		T FLOOR,SEVEN ROC E FRONT ENTRANCE		E ROOMS.	3RD
I hereby certify a	nd swear under penal	ties of perjury that:			
1. the rea	newed license will be	of the same type for the	same premises now	licensed;	
2. the lic	ensee has complied v	with all laws of the Com	nonwealth relating t	to taxes; and	
3. the pro	emises are now open	for business (If not expl	ain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:			TION NUMBER:
			(Note. NOI Inc	Jividuai Sociai S	Security Number)
Acts of 2004, sig	gned by the building	are in possession (1) the inspector and the head of liquor liability insu	d of the fire depart	ment for the	above
Please Check Below:	<u>:</u>		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	apiaiii)				
DATE:					



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LICENSE NUMBER: 014	800046		CITY OR TO	WN BROOKL	INE
APPLICATION FOR REI	NEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: MA	NDARIN GROUP,	, LTD			
DOING BUSINESS A M	ANDARIN GOURI	MET			
ADDRESS 1020 W.ROX	BURY PKWY.				
CITY/TOWN: BROOKI	INE	STATE: MA	ZIP CODI	E: 02467	
MANAGER: WU, SHA	NG TYPE O	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICE					
TWO FLOORS, FIRST FI BANQUET ROOM, STOP					
I hereby certify and swear	under penalties of p	erjury that:			
1. the renewed lic	ense will be of the s	same type for the	same premises	now licensed;	
2. the licensee has	s complied with all l	laws of the Comm	nonwealth relat	ing to taxes; and	
3. the premises ar	e now open for busi	ness (If not expla	ain below)		
SIGNED BY	ividual, Partner or A	Authorized Corne	vrate Officer		
mu	rvidual, I artifer of F	aumorized Corpe	rate Officer		
DATE:	TELEDIJONE N	IIMDED.	FMPI	OYER IDENTIFICA	TION NUMBER:
	TELEPHONE N	UMBEK:		$ar{\mathbf{T}}$ Individual Social $S$	
We the undersigned, att Acts of 2004, signed by t					
named license and (2) the of 2010.					
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL M	UST BE FILED BY LICENS	SEES DURING THE M	ONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBER:	014800050		CITY	OR TOWN	BROOKLIN	NE
APPLICATION FOR	RENEWAL:	Annua	l	LICENS	SED FOR 20	13
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 295 WASH		, INC				
CITY/TOWN: BROO	OKLINE	STATE:	MA ZII	P CODE:	02445	
MANAGER: DEN,P	ING JIAN TYPE (	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
	EASE ALSO VISIT OUR WEBSI		OUR EMAIL ADDR	RESS		
DESCRIPTION OF LI CONSISTS OF ONE S STREET LEVEL TWO ENTRANCE AND TV	STORY BUILDING WOOD DINING ROOMS, S	VITH BASE				
I hereby certify and sw	ear under penalties of	perjury that:				
2. the licensee	I license will be of the has complied with all s are now open for bus	laws of the	Commonweal	th relating to		
SIGNED BY	Individual, Partner or	Authorized (	Corporate Off	ficer		
DATE:	TELEPHONE N	NUMBER:	(1)			ION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building inspec	ctor and the	head of the	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOC.	AL LICENS	ING AUTHO	DRITY
DATE:						



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LICENSE NUMBER	::014800051		CITY OR TOWN BROO	KLINE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 305 WAS	A FAMILY REST.	AURANT CORPORA AURANT	ATION	
CITY/TOWN: BRO		STATE: MA	ZIP CODE: 02445	
		STATE: MA TPE OF LICENSE: Re		
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I				
		ELLAR;FIRST FLOOR R IS USED FOR STO	OR CONSIST OF SERVICE ORAGE ONLY	COUNTER
I hereby certify and s				
2. the license	ee has complied wit	* *	e same premises now licensed monwealth relating to taxes; a ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, signed	by the building ir	spector and the hea	ne certificate required by Cl d of the fire department for arance required by Chapter	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AU By:	THORITY
•			-	



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LICENSE NUMBE	ER: 014800053		CITY OR TOWN BROOKL	INE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: JJU ENTERI	PRISES, INC		
DOING BUSINES	S A ZEN 320			
ADDRESS 320 W	ASHINGTON S	Γ.		
CITY/TOWN: BR	ROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: YU	J, JUNG JA	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF				
			IG AREA, KITCHEN AND ST I BACK WALL ON TO FIRE F	
		nalties of perjury that:		
1. the rene	wed license will	be of the same type for the	same premises now licensed;	
2. the licer	nsee has complied	d with all laws of the Comm	nonwealth relating to taxes; and	
3. the pren	nises are now ope	en for business (If not expla	in below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	rate Officer	
D				
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Individual Individual Social Individual Ind	
			(Note: NOT Individual Social)	Security Number)
Acts of 2004, sign	ed by the buildi	ng inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	1-:-)			
(If disapproved exp	naill)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014800056		C	ITY OR TOWN	I BROOKLI	iNE
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	ISORA, L.L.C.					
DOING BUSINESS	A WASHINGTON SO	QUARE TA'	VERN			
ADDRESS 714 WA	SHINGTON ST.					
CITY/TOWN: BR	OOKLINE	STATE:	MA	ZIP CODE:	02446	
	NEGAN, TYPE MA F.	E OF LICENS	SE:Resta	urant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAI	L ADDRESS		_
	LICENSED PREMISE					
	AR AND KITCHEN O CE AND REAR EXIT	N FIRST FL	OOR,CE	LLAR FOR STO	ORAGE ONL	Y,ONE
I hereby certify and	swear under penalties o	of perjury tha	t:			
1. the renev	ved license will be of th	e same type	for the sa	me premises nov	w licensed;	
2. the licens	see has complied with a	ll laws of the	Commo	nwealth relating	to taxes; and	
3. the prem	ises are now open for b	usiness (If no	ot explain	below)		
SIGNED BY						
	Individual, Partner o	r Authorized	Corpora	te Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and th	ne head o	f the fire depar	tment for the	e above
Please Check Below:				LOCAL LICEN	SING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expl	aın)			-		
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800059	CITY OR TOWN BROOKLINE
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
	CLASS YEAR
LICENSEE NAME: GIMBELS LIQUOR-BRO	OKLINE INC
DOING BUSINESS A	
ADDRESS 1637-9 BEACON ST	
CITY/TOWN: BROOKLINE STA	ATE: MA ZIP CODE: 02445
MANAGER: KAN, LEONID TYPE OF L	ICENSE: Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
1200 FEET OF SELLING SPACE AND STORA STORAGE;ALSO CELLAR ON 1633-35 BEAC EXIT. ALSO EXIT TO ALLYWAY	GE ON STREET FLOOR. CELLAR FOR ON ST FOR STORAGE FRONT ENTRANCE AND
	e type for the same premises now licensed; s of the Commonwealth relating to taxes; and s (If not explain below)
SIGNED BY Individual, Partner or Auth	norized Corporate Officer
DATE	
DATE: TELEPHONE NUM	IBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	<del></del>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014800060		Cľ	TY OR TOWN	BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS	5			YEAR
LICENSEE NAME: DOING BUSINESS A	_					
ADDRESS 1300 BEA	ACON STREET					
CITY/TOWN: BRO	OKLINE	STATE:	MA	ZIP CODE:	02446	
MANAGER:	TYPE	OF LICENSI	E:Packag	e Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:				
ONE ROOM ON STE ONE REAR DOOR F	REET FLOOR AND C OR DELIVERY	ELLAR FOR	STOCK	. ONE FRONT	ENTRANCE	E AND
I hereby certify and sv	vear under penalties of	f perjury that:				
1. the renewe	d license will be of the	e same type fo	or the san	ne premises nov	v licensed;	
2. the license	e has complied with al	l laws of the	Common	wealth relating	to taxes; and	
3. the premise	es are now open for bu	siness (If not	explain b	pelow)		
SIGNED BY			~	0.00		
	Individual, Partner or	Authorized (	Corporate	Officer		
DATE:				E) (D) (A)		TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE.	TELEPHONE 1	NUMBER:			R IDENTIFICAT Idividual Social S	
				( · · · · · <u>- · · · · · · · · · · · · · </u>	or round booms	cearity (value et)
Please Check Below:			I	OCAL LICEN	SING AUTH	ORITY
APPROVED:			Е	By:		
DISAPPROVED:						
(If disapproved explain	11)		_			
			-			
DATE:			=			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01480006	51	CITY OR TOWN BROOKI	LINE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BROOKL DOING BUSINESS A MALL I			
ADDRESS 525 HARVARD ST			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER:	TYPE OF LICENSE: P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
PREMISES CONSISTS OF FROBEVERAGES, REAR STORAGE			LIC
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for th	e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating to taxes; and	1
3. the premises are now	open for business (If not exp	olain below)	
SIGNED BY		0.07	
Individua	l, Partner or Authorized Corp	oorate Officer	
DATE:		EMBLOWED IDENTIFIC	A TION NILLY OF D
TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT) Individual Socia	
			Security (vanioer)
Diago Chook Dalauu		LOGAL LAST VARIAGE AND	•
Please Check Below: APPROVED:		LOCAL LICENSING AUT	•
APPROVED:		LOCAL LICENSING AUT By:	•
			•
APPROVED: DISAPPROVED:			•



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800065	CITY OR TO	WN BROOKLINE
APPLICATION FOR RENEWAL:	Annual LI	CENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: KHOURY & SONS LIQUO	ORS INC	
DOING BUSINESS A FOLEYS LIQUOR MART		
ADDRESS 228 CYPRESS SSTREET		
CITY/TOWN: BROOKLINE STA	TE: MA ZIP COD	E: 02445
MANAGER: KHOURY, MARIA TYPE OF LI C.	CENSE: Package Store	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
STORE IN FRONT, ROOM IN REAR ON FIRST AND ONE REAR EXIT	FLOOR;BASEMENT FOI	R STORAGE,ONE FRONT
the licensee has complied with all laws     the premises are now open for business  SIGNED BY		ing to taxes; and
Individual, Partner or Author	orized Corporate Officer	
DATE: TELEPHONE NUME	LIX.	OYER IDENTIFICATION NUMBER:  OT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	LOCAL LIC By:	CENSING AUTHORITY
DATE:		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	4800066		CITY OR TOWN	BROOKLI	NE
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: B	ROOKLINE MAR	KET, INC.			
DOING BUSINESS A	KURKMAN'S MA	RKET			
ADDRESS 00227A CY	PRESS ST				
CITY/TOWN: BROOK	ILINE	STATE: MA	ZIP CODE:	02445	
MANAGER: PATEL,	HARSHAD TYPE	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISE	ES:			
ONE FLOOR, ONE ROO AND ONE REAR EXIT		OOR,CELLAR FO	OR STORAGE, ONE	FRONT EN	TRANCE
3. the premises a	as complied with a are now open for be	usiness (If not exp	, 	o taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014800068		CITY OR TOWN	BROOKLINI	Е
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME:	GELERMAN BRO	OTHERS INC			
DOING BUSINESS A	THE BUTCHER	ΙE			
ADDRESS 428 HARV	VARD ST				
CITY/TOWN: BROO	OKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: GELEI WALT	*	PE OF LICENSE:Pa	ckage Store CA		Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
2 FLOORS; THREE R STORAGE ROOMS; O		The second secon		VICE AREA)	COLD
2. the licensee	e has complied with		e same premises now monwealth relating to ain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		IDENTIFICATIO	
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHOR	RITY
DISAPPROVED:			Бу.		
(If disapproved explain	n)		-		
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BATTITE FAMILY, INC	
DOING BUSINESS A BROOKLINE SPA	
ADDRESS 75 HARVARD STREET	
CITY/TOWN: BROOKLINE STATE: M.	A ZIP CODE: 02445
MANAGER: BATTITE, TYPE OF LICENSE: CLIFFORD	Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2 ROOMS ON STREET FLOOR,ONE ROOM USED FOR WINES AND MALT,ONE FRONT ENTRANCE,SIDE EN EXITS	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	the same premises now licensed;
2. the licensee has complied with all laws of the Co	ommonwealth relating to taxes; and
3. the premises are now open for business (If not ex	xplain below)
SIGNED BY	
Individual, Partner or Authorized Co	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
Please Check Below:	LOCAL LICENCING AUTHORITY
APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014800075		CITY OR TOWN BRO	OKLINE
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: O		RESS		
ADDRESS 1022-4 BE	ACON ST.			
CITY/TOWN: BROC	KLINE	STATE: MA	ZIP CODE: 024	46
MANAGER: MEHT K.	A, AARON T	YPE OF LICENSE: Pac	ckage Store CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI				
TRIPLE STORE ON F AND TWO REAR EX		ELLAR USED FOR S	TOCK,TWO FRONT ENT	ΓRANCES
2. the licensee 3. the premise SIGNED BY	has complied with a re now open for			
	marviduai, Faru	er of Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] a)		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	14800079		CITY OR TO	IWN DROOKLI	INE
APPLICATION FOR RI	ENEWAL:	Annual	Ll	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: B. DOING BUSINESS A		FOOD SHOPS, INC.			
ADDRESS 1420 BEAC					
CITY/TOWN: BROOK		STATE: M		E: 02446	
MANAGER: LONGI,	ENRICO	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC STORE IN FRONT ON REAR EXIT			STOCK,ONE FR	ONT ENTRANCI	E,ONE
2. the licensee h 3. the premises SIGNED BY	as complied are now ope	be of the same type for d with all laws of the Coen for business (If not expenses and the coefficients).	ommonwealth rela xplain below)		
Ir	idividual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	PHONE NUMBER:		OYER IDENTIFICA OYER IDENTIFICA OYER IDENTIFICATION	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LIG By:	CENSING AUTH	ORITY
(If disapproved explain)					



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LICENSE NUM	BER: 014800081		CITY OR TOWN BR	OOKLINE
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: Sunset Cantina M	anagement, Inc		
DOING BUSINE	ESS A Sunset Cantina			
ADDRESS 916	COMMONWEALTH A	VE.		
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02	146
MANAGER: K	Kadish, Gerald M. TY	PE OF LICENSE: R	estaurant CATE	GORY: All Alcohol
EMAIL ADDRE	SS:	-		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREM			
	OR 300 SQ. FT. BASEN KITCHEN AND STO		GE, GROUND FLOOR TO REAR EXITS.	O INCLUDE
I hereby certify a	and swear under penaltie	es of perjury that:		
1. the re	newed license will be o	f the same type for th	e same premises now licer	ised;
	•		nmonwealth relating to tax	es; and
3. the pr	remises are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDEN	NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
Wo the undersi	anod attact that we ar	o in necession (1) t	he certificate required by	Chantar 304 of the
Acts of 2004, sig	gned by the building in	nspector and the hea	ad of the fire department	for the above
named license a of 2010.	and (2) the certificate (	of liquor liability ins	urance required by Chap	oter 116 of the Acts
Please Check Below	<u>:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)		-	
			<u> </u>	
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. (	Ch. 138 \$ 16A)



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LICENSE NUMBER:	014800088		CITY OR TOW	N BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ANNA LIVIA CO	RPORATION			
DOING BUSINESS A	O'LEARY'S				
ADDRESS 1010 BEA	CON STREET				
CITY/TOWN: BROO	OKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: O'LEA AENG		PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
DINING ROOM AND FROM BEACON ST.					
I hereby certify and sw	•			11 1	
		the same type for the	-		
	-	all laws of the Comi business (If not expl		ig to taxes; and	
3. the premise	s are now open for	business (II not expi	am below)		
SIGNED BY					
SIGNED D1	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLO	YER IDENTIFICAT	TON NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the head	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				<del></del>
DATE:					



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LICENSE NUMBER:	:014800092		CITY OR TOW	N BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:		T, INC.			
DOING BUSINESS A					
ADDRESS 48 BOYL					
CITY/TOWN: BRO	OKLINE	STATE: M	ZIP CODE:	02445	
MANAGER: ZISKI	N, JOSHUA TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBS		JR EMAIL ADDRESS		
DESCRIPTION OF L CONSISTS OF 2 KIT					
	CHENS AND 2 DIN.				
I hereby certify and sv	=				
	ed license will be of the		=		
	e has complied with a		_	to taxes; and	
5. the premise	es are now open for bu	usiliess (II liot e.	xpiaiii below)		
SIGNED BY					
SIGNLD D1	Individual, Partner of	r Authorized Co	orporate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT)	Individual Social S	Security Number)
We the undersigned	, attest that we are ir	n possession (1)	the certificate requ	ired by Chapt	er 304 of the
	by the building inspect				
of 2010.	2) the certificate of li	quor nabinty n	nsurance required b	y Chapter 110	) of the Acts
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:	101110111	
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					
· <del></del>					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0148000	94	CITY OR TOWN BROOK	LINE
APPLICATION FOR RENEW.	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: Gari Cuis DOING BUSINESS A Gari	sine, Inc		
ADDRESS 187 HARVARD ST	REET		
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER: Chung, Diane	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEI			
CONSISTS OF DINING ROOF FOR STORAGE; FRONT ANI			ASEMENT
2. the licensee has com	· -	e same premises now licensed; monwealth relating to taxes; and lain below)	nd
Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cer of 2010.	ilding inspector and the hea	d of the fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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		CITY OR TOV	,,,	INL
APPLICATION FOR RENEWAL:	nnual	LIC	CENSED FOR 20	013
C	CLASS			YEAR
LICENSEE NAME: CALAMARI FISHERIES, IN	NC			
DOING BUSINESS A THE DAILY CATCH				
ADDRESS 00441A HARVARD ST				
CITY/TOWN: BROOKLINE STAT	E: MA	ZIP CODE	: 02445	
MANAGER: FREDDURA, TYPE OF LIC MARIA	ENSE: Rest	aurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EM/	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
FIRST FLOOR STOREFRONT CONSISTING OF SEATING, COOKING PREPARATION AND DIS DELIVERIES IN REAR OF BLDG. BASEMENT I	HWASHIN	G . ENTRANC	CE AND EXIT,	AS FOR
I hereby certify and swear under penalties of perjury	y that:			
1. the renewed license will be of the same t	ype for the s	ame premises	now licensed;	
2. the licensee has complied with all laws o			ng to taxes; and	
3. the premises are now open for business (	If not explai	n below)		
SIGNED BY  Individual, Partner or Author	ized Corpor	ate Officer		
DATE: TELEPHONE NUMBI	ER:		YER IDENTIFICAT	
		(Note: NO	☐ Individual Social S	security Number)
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.	nd the head	of the fire dep	artment for the	above
Please Check Below: APPROVED:		LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED:		Dy.		
DISAPPROVED:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14800101		CITY OR TOV	VN BROOKLI	NE
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M	IATT MURPHY	S PUB,INC			
DOING BUSINESS A	MATT MURPHY	Y'S PUB			
ADDRESS 14 HARVA	RD STREET				
CITY/TOWN: BROOM	KLINE	STATE: MA	ZIP CODE	: 02445	
MANAGER: MURPH	IY, CIARA TYI	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC					
PREMISES CONSISTS STORAGE, ENTRANC					
	, -				
I hamahar agutify and arra	on un don monoltico	of manipum, that			
I hereby certify and swe	•	the same type for the	same premises i	now licensed:	
		all laws of the Comm			
		business (If not expla		,	
SIGNED BY					
lı	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEDION	TE NILINADED	EMDI C	YER IDENTIFICAT	TION NI IMPED:
	TELEPHON	IE NUMBER:		Individual Social S	
	_				
We the undersigned, a Acts of 2004, signed by					
named license and (2) of 2010.	_		_		
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			<del></del>		<del></del>
			-		
DATE:					



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LICENSE NUMBER: 014800102	C	ITY OR TOWN BROO	KLINE
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: GINZA, INC.			
DOING BUSINESS A GINZA JAPANES	SE REST		
ADDRESS 1002 BEACON ST			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER: GUREL, NADIDE TYP	E OF LICENSE: Restar	cATEGO!	RY: All Alcohol
EMAIL ADDRESS:			
	BSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMIS			amon . an
FIRST FLOOR DINING ROOM, KITCHI FRONT ENTRANCE AND EXIT	EN AND FOOD MAR	KET; BASEMENT FOR	STORAGE,
I hereby certify and swear under penalties	of pariury that		
1. the renewed license will be of the	- • •	me premises now licensed	ı.
2. the licensee has complied with a	• •	•	
3. the premises are now open for b	ousiness (If not explain	below)	
SIGNED BY			
Individual, Partner	or Authorized Corpora	te Officer	
DATE: TELEBRONE		EMPLOYER IDENTIF	ICATION NUMBED.
TELEPHONE	E NUMBER:	(Note: NOT Individual So	
			•
We the undersigned, attest that we are a Acts of 2004, signed by the building insp	_		_
named license and (2) the certificate of			
of 2010.			
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		LOCAL LICENSING AU By:	THORITY
APPROVED: DISAPPROVED:			THORITY
APPROVED:			THORITY
APPROVED: DISAPPROVED:			THORITY



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014	800103	(	CITY OR TOWN	BROOKLI	NE
APPLICATION FOR REN	NEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: FCI	LP CORPORATION				
DOING BUSINESS A TJ	CONVENIENCE STO	ORE			
ADDRESS 00182A THO	RNDIKE STREET				
CITY/TOWN: BROOKL	JNE ST.	ATE: MA	ZIP CODE:	02446	
MANAGER: PEREZ, L	UIS TYPE OF I	LICENSE: Pack	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICE					
PROMISES CONSISTS OWITH BASEMENT FOR					E STORE
2. the licensee has	ense will be of the sams complied with all law e now open for busines	s of the Commo	onwealth relating to		
Ind	ividual, Partner or Autl	horized Corpora	ate Officer		
DATE:	TELEPHONE NUM	IBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14800105		CITY OR TOV	VN DROUKLI	.NE
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	hargay, Inc				
DOING BUSINESS A	Tashi Delek				
ADDRESS 236 WASHI	NGTON STRE	ET			
CITY/TOWN: BROOK	KLINE	STATE: MA	ZIP CODE	: 02445	
MANAGER: Thargay,	, Lobsang TY	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREM	ISES:			
GROUND FLOOR DIN EXIT AND ONE REAR RESTROOMS					ICE AND
I hereby certify and swea	ar under penaltie	es of perjury that:			
1. the renewed l	icense will be o	of the same type for th	e same premises i	now licensed;	
2. the licensee h	as complied with	th all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premises	are now open fo	or business (If not exp	olain below)		
SIGNED BY			0.00		
Ir	idividual, Partne	er or Authorized Corp	orate Officer		
DATE:			F1 f51 0	A TOD TO TO TO TO TO TO	
DATE.	TELEPHO:	NE NUMBER:		YER IDENTIFICAT  Individual Social S	
			(*******	Individual Social S	recurry (various)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building in	nspector and the hea	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
D. A. TITE					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800108		CITY OR TOWN BROOKLINE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: GINA MEDAGLIA		
DOING BUSINESS A THE ABBEY		
ADDRESS 1657 BEACON ST		
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02445
MANAGER: MEDAGLIA, GINA TYP	E OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
GROUND FLOOR, WITH A BASEMEN' EACH FOR THE RESTAURANT AND E		AR ENTRANCES, APPROX 900 SQ FT
I hereby certify and swear under penalties of the renewed license will be of the state of the swear under penalties of the swear und	1 0 0	sama pramisas now licensed:
2. the licensee has complied with	* *	-
3. the premises are now open for b		_
SIGNED BY		
Individual, Partner	or Authorized Corpo	orate Officer
DATE		
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(1000. 1101 Individual Social Security Number)
<u> </u>	_	e certificate required by Chapter 304 of the
Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1		rance required by Chapter 116 of the Acts
of 2010.		
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disappioved expialit)		
DATE:		



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LICENSE NUMBER: 01	4800110		CITY (	OR TOWN	BROOKLI	NE
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: TA	ABERNA DE HA	RO, INC.				
DOING BUSINESS A	ΓABERNA DE HA	ARO				
ADDRESS 999 BEACO	N STREET					
CITY/TOWN: BROOK	LINE	STATE: N	1A ZIF	CODE:	02446	
MANAGER: HANSEN HARO, I	N DE TYPI DEBORAH	E OF LICENSE	:Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEI	BSITE AND ENTER YO	UR EMAIL ADDR	ESS		_
DESCRIPTION OF LIC	ENSED PREMISI	ES:				
2 floors of approx 1000 s of food and beverages to					Street level for	r service
I hereby certify and swea	r under penalties	of perjury that:				
1. the renewed li	icense will be of th	ne same type for	the same pr	emises nov	v licensed;	
2. the licensee h	as complied with a	all laws of the C	ommonweal	th relating	to taxes; and	
3. the premises a	are now open for b	ousiness (If not o	explain belov	w)		
SIGNED BY						
In	dividual, Partner of	or Authorized C	orporate Off	icer		
			ſ			
DATE:	TELEPHONE	E NUMBER:	_		R IDENTIFICAT	
			(1)	lote: NOT In	dividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	pector and the	head of the	fire depart	tment for the	above
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUM	MBER: 014800111		CITY OR TOWN BRO	OOKLINE
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CARONI LLC			
DOING BUSIN	IESS A			
ADDRESS 020	-22 HARVARD STR	EET		
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 024	145
	BRANGER, ANDRES	TYPE OF LICENSE: Res	staurant CATEO	GORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	OF LICENSED PRI			
DOWNSIZING	OF RESTAURANT	TO CONSIST OF PROP	ERTY AT 20-22 HARV	ARD STREET.
•	and swear under pena	2 0 0		
		e of the same type for the	*	
	•	with all laws of the Comr	_	es; and
3. the p	oremises are now oper	n for business (If not expla	in below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer	
	,	·		
DATE:	TEL EPI	HONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
	I EEEI I	TOTAL TACHIBLIA	(Note: NOT Individua	l Social Security Number)
*** 41 1		• (4) (1	, o , 11	Cl. 4 204 641
	_	e are in possession (1) the g inspector and the head		_
		te of liquor liability insu		
Please Check Belov	w:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14800113		CITY OR TOWN BROOKL	INE
APPLICATION FOR R	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	OUNG JIN COR	PORATION		
DOING BUSINESS A	MR SUSHI			
ADDRESS 329 HARV	ARD ST			
CITY/TOWN: BROO	KLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: SUNG,	DAVID E. TYI	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLE	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LIG				
			G DINING AREA, KITCHEN, S AR EXIT, PLUS BASEMENT SF	
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of	the same type for the	e same premises now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)	
SIGNED BY	ndividual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed b	y the building in	spector and the hea	ne certificate required by Chap ad of the fire department for the urance required by Chapter 11	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	ı		By:	
DISAPPROVED:				
(If disapproved explain)	)			
DATE:				



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LICENSE NUMBER	: 014800114		CITY OR TOWN	N BROOKLI	NE
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS					
	MMONWEALTH AV		an cont	00015	
CITY/TOWN: BRC		STATE: M.		02215	
MANAGER: SAKA	AN, HIROKO TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		R EMAIL ADDRESS		
FRONT ENTRANCI LEAD TO UPPER S	LICENSED PREMISE E AT STREET-LEVEL EATING AREA AND ICHEN AND BAKER	SEATING AN CUSTOMER R	RESTROOMS. REAF	R OF BUILDIN	
I hereby certify and s	wear under penalties of	f perjury that:			
	ed license will be of the	• •	*		
	ee has complied with al		_	to taxes; and	
3. the premis	ses are now open for bu	isiliess (II liot ea	xpiani below)		
SIGNED BY	Individual, Partner or	· Authorized Co	rporate Officer		
DATE:	TELEPHONE 1	NUMBER:		ER IDENTIFICAT Individual Social S	
Acts of 2004, signed	d, attest that we are in by the building inspe (2) the certificate of lie	ector and the h	ead of the fire depar	rtment for the	above
Please Check Below: APPROVED:			LOCAL LICEN By:	NSING AUTHO	ORITY
DISAPPROVED: (If disapproved expla	in)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14800115		CITY OR	TOWN	BROOKLI	NE
APPLICATION FOR R	ENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: T	AAM CHINA	RESTAURANT, IN	C.			
DOING BUSINESS A						
ADDRESS 00423A HA	RVARD ST					
CITY/TOWN: BROOM	KLINE	STATE: MA	A ZIP CO	ODE:	02446	
MANAGER: CHUNC	, ANDY T	YPE OF LICENSE:	Restaurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF LIC						
APPROX 1125 SQ FT A REAR EXIT ON FIRST		E SPACE IN BASE	MENT INCLU	JDING A	FRONT A	ND
T1 1 (C 1	1 1.1			<del> </del>		
I hereby certify and swe	•	ies of perjury that: of the same type for t	the same nremi	ises now	licensed:	
		ith all laws of the Co	_			
		For business (If not ex		ciuting to	tuxes, und	
SIGNED BY						
I	ndividual, Partr	ner or Authorized Co	rporate Officer	r		
DATE:	TELEPHO	ONE NUMBER:				TON NUMBER:
			(Note:	NOT Indi	vidual Social S	Security Number)
We the undersigned, a	ttest that we a	are in possession (1)	the certificate	e require	d by Chapt	er 304 of the
Acts of 2004, signed by		•		-		
named license and (2) of 2010.	tne certificate	of inquor nability in	isurance requ	irea by C	_napter 116	o of the Acts
Please Check Below:			LOCAL	I ICENSI	ING AUTH	∩ <b>P</b> ITV
APPROVED:			By:	LICENSI	ING AUTTI	OKII I
DISAPPROVED:			Ž			
(If disapproved explain)						
DATE:			-			
DATE.						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014800116		CITY OR TOW	N DROOKLI	INE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		EAST, INC.			
ADDRESS 1309 BEA	CON STREET				
CITY/TOWN: BRO	OKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: CARR	OLL, BLAIR TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
SPECIALTY RETAIL GROUND LEVEL IS					ON
2. the license	e has complied with	the same type for the n all laws of the Com business (If not expl	monwealth relating		
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved explai	n)				
DATE:					



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LICENSE NUMBER: U	14800119		CI	I Y OR TOW	N BROOKLI	NE
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	ENSED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: F DOING BUSINESS A		IER RESTAURA	NT AND	DELICATES	SEN, INC	
ADDRESS 500 HARV	ARD ST					
CITY/TOWN: BROO	KLINE	STATE:	MA	ZIP CODE:	02446	
MANAGER: GELLE ALLEN	· · · · · · · · · · · · · · · · · · ·	YPE OF LICEN	SE: Restau	rant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
RESTAURANT AND I TABLES AND BOOTI FOR STORAGE	DELI SEATINO	G 70 PEOPLE, O				
3. the premises	are now open f	ith all laws of the or business (If no	ot explain b	pelow)	g to taxes; and	
DATE:	TELEPHO	ONE NUMBER:			ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building	inspector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)			OCAL LICE	NSING AUTHO	ORITY
DATE:			-			



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LICENSE NUME	BER: 014800120		CITY OR TOWN BROOKL	INE
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	IE: ZAFTIG, INC			
DOING BUSINE	SS A ZAFTIG EAT	ΓΕΝΥ		
ADDRESS 335 H	IARVARD STREET	Γ		
CITY/TOWN: E	BROOKLINE	STATE: MA	ZIP CODE: 02445	
	HUMAN, OBERT SCOTT	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PRE			
			ACE CONTAINING DINING A R EXITS AND ONE SIDE EX	
I hereby certify ar	nd swear under pena	lties of perjury that:		
1. the ren	newed license will be	e of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the pre	emises are now open	for business (If not expla	in below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	rate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sig	ned by the building	g inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	xpiain)			
DATE:				



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LICENSE NUN	ABER: 014800121		CITY OR TOWN BROOKLI	INE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: THE METROPO	OLITAN CLUB, INC.		
DOING BUSIN	IESS A			
ADDRESS 120	4 1210 BOYLSTON S	TREET		
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02467	
	TRUSTMAN, T KATHY	YPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OUI  N OF LICENSED PREM	R WEBSITE AND ENTER YOUR E MISES:	MAIL ADDRESS	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the r	enewed license will be	of the same type for the	e same premises now licensed;	
2. the 1	icensee has complied w	vith all laws of the Com	monwealth relating to taxes; and	
3. the p	premises are now open to	for business (If not expl	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Acts of 2004, s	signed by the building	inspector and the hea	ne certificate required by Chapt d of the fire department for the urance required by Chapter 110	above
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 014800122		CITY OR TOWN BROOK	LINE		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013		
		CLASS		YEAR		
LICENSEE NAME:	SHORT MONEY,I	NC.				
DOING BUSINESS	A GROVE STREET	MARKET				
ADDRESS 189 GRO	VE ST					
CITY/TOWN: BRO	OKLINE	STATE: MA	ZIP CODE: 02467			
	STENSEN,CH TYP OPHER	'E OF LICENSE:Pa	ckage Store CATEGOR	Y: Wine and Malt Regular		
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMIS	SES:				
2000 SQ FT FOR RE ON GROVE ST WIT			STORE FRONT ENTRANCE ORE	AND EXIT		
2. the license		all laws of the Com	e same premises now licensed; monwealth relating to taxes; and lain below)	nd		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUT	ΓHORITY		
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0148001	23	CITY OR TOWN BROOKL	INE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: UDA CO DOING BUSINESS A SHIKI	ORPORATION INC		
ADDRESS 9 BABCOCK ST			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER: UDA, MISAKO	TYPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE		DANG BOOM WHEN CEATING	
CAPACITY OF 30. KITCHEN		INING ROOM WITH SEATING AR	r
3. the premises are nov	w open for business (If not exp		
Individu	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the b	uilding inspector and the hea	he certificate required by Chapt ad of the fire department for the urance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 014800125		CITY OR TOWN	BROOKLI	NE
APPLICATION F	OR RENEWAL:	LICEN	SED FOR 20	013	
		CLASS			YEAR
LICENSEE NAMI	E: NORTHEAST	Γ PACKAGE STORE LL	C		
DOING BUSINES	SS A GPS WINE	& SPIRITS			
ADDRESS 1198 E	BOYLSTON STR	EET			
CITY/TOWN: BI	ROOKLINE	STATE: MA	ZIP CODE:	02446	
	OUNG, CHOLAS	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PR	EMISES:			
2. the lice	nsee has complied mises are now ope	be of the same type for the laws of the Comen for business (If not explanation or Authorized Corp	monwealth relating to		
DATE:	TELEP!	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBI	ER: 014800132		CITY OR TOWN	BROOKLI	NE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: EIGHT SISTERS,	LLC			
DOING BUSINES	S A LINEAGE REST	CAURANT			
ADDRESS 242 HA	ARVARD STREET				
CITY/TOWN: BI	ROOKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: SE R.	WALL, JEREMY TY	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		•
	F LICENSED PREMI				
	65 SEATS WITH A I EBSTER STREET.	BAR AREA. THERE	E IS AN ENTRANCE	E ON HARVA	ARD
2. the licer	ewed license will be of nsee has complied with mises are now open for Individual, Partne	n all laws of the Com	umonwealth relating to		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate o	spector and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp	Jiaiii)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014800134		CITY OR TOWN	BROOKLIN	NE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME	: CHESTNUT HIL	L GROUP, LLC			
DOING BUSINESS	S A WINE GALLER	RY			
ADDRESS 400 WA	ASHINGTON STRE	ET			
CITY/TOWN: BR	OOKLINE	STATE: MA	ZIP CODE:	02446	
MANAGER: OST ALE		YPE OF LICENSE:P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		l
DESCRIPTION OF	LICENSED PREM	ISES:			
PRIMISES AND O	NE AT THE RAR C		Z EXITS, 1 AT THE I TOTAL FLOOR SPA IN BASEMENT.		
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	wed license will be o	of the same type for the	e same premises now	licensed;	
2. the licen	see has complied wit	th all laws of the Con	nmonwealth relating t	o taxes; and	
3. the prem	ises are now open for	or business (If not exp	olain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		RIDENTIFICATI	
			(Note: NOT Inc	lividual Social Se	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	DRITY
APPROVED:			By:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JKII I
DISAPPROVED:			J		
(If disapproved expl	lain)				
DATE					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:014800135		CITY OR TOWN	BROOKLINE
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	I.V.A. FOODS, I	NC.		
DOING BUSINESS	A BAZAAR INTI	ERNATIONAL GOU	RMET	
ADDRESS 1432 BE	ACON ST			
CITY/TOWN: BRO	OOKLINE	STATE: MA	ZIP CODE:	02446
	FOND, T' XANDER	YPE OF LICENSE:Pa	ckage Store CAT	TEGORY: All Alcohol
EMAIL ADDRESS:				
·	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
STORE PREMISES ENTRANCE ON RE		SEMENT. PUBLIC EN	TRANCE ON BEAC	ON ST. PRIVATE
3. the premis		or business (If not expl		
DATE:	TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	in)		LOCAL LICENSIN By:	NG AUTHORITY
DATE:				



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LICENSED FOR 20	013 YEAR
	YEAR
,	
ZIP CODE: 02146	
rant CATEGORY:	All Alcohol
ADDRESS	_
•	
<u> </u>	
below)	
o Officar	
Officer	
EMDI OVED IDENTIFICAT	TION NI IMPED.
4	
LOCAL LICENSING AUTH	ORITY
Зу:	
r i' l	ADDRESS  The premises now licensed; wealth relating to taxes; and below)  The Officer  EMPLOYER IDENTIFICATE (Note: NOT Individual Social Strifficate required by Chapter the fire department for the ce required by Chapter 116  LOCAL LICENSING AUTHORS



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LICENSE NUMBER	R: 014800139		CITY OR TOWN BROOKL	INE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 612 HAN	MMOND STREET			
CITY/TOWN: BRO	OOKLINE	STATE: MA	ZIP CODE: 02467	
MANAGER: YEN	TING WEN T	YPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF		WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
I hereby certify and s	wear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	same premises now licensed;	
	1		monwealth relating to taxes; and	
3. the premis	ses are now open fo	or business (If not expla	ain below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed	d by the building i	inspector and the head	e certificate required by Chap d of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain				
(ii disupproved expir	,			
DATE:				
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBER:	014800140		CITY OR TOWN	BROOKLINE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAME:	GOLDEN APPLE,	INC.			
DOING BUSINESS A	A				
ADDRESS 24 HARV	ARD STREET				
CITY/TOWN: BROO	OKLINE	STATE: MA	ZIP CODE:	02445	
MANAGER: ALLO	RE,SAMUEL TYF	'E OF LICENSE: Re	staurant C.	ATEGORY: A	ll Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
ONE ROOM 1250 SQ 1250 SQ.FT. BASEM				RIGHT EXIT WI	TH
I hereby certify and sv	•				
		the same type for the	-		
	-	all laws of the Com	_	o taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
	•				
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION	N NUMBER:
			(Note: NOT Inc	dividual Social Secu	rity Number)
We the undersigned	attest that we are	in nossession (1) th	e certificate requir	ed by Chanter 3	304 of the
Acts of 2004, signed	by the building ins	spector and the head	d of the fire depart	ment for the ab	ove
named license and (2 of 2010.	2) the certificate of	liquor liability insu	rance required by	Chapter 116 of	the Acts
Please Check Below:			LOCAL LICEN		TO X
APPROVED:			LOCAL LICENS	SING AUTHOR	ITY
DISAPPROVED:			By:		
(If disapproved explai	 n)				
D					
DATE:					



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LICENSE NUMB	EK: 014800141		CITY OR TOWN	DROOKLINE
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BOMBAY E	BISTRO, INC.		
DOING BUSINES	SS A RANI			
ADDRESS 1353 I	BEACON STREE	ET		
CITY/TOWN: B	ROOKLINE	STATE: MA	ZIP CODE:	02446
MANAGER: MANAGER: SA	AJMUDAR, MIR S'	TYPE OF LICENSE: Re	estaurant (	CATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED P	REMISES:		
PARTIAL BASEN	MENT CONSIST	SERVICE BAR, DINING TING OF STORAGE ARE YENTRANCE AND ONE	A AND OFFICE. E	NTRANCE AT
I hereby certify and	d swear under pe	enalties of perjury that:		
1. the rene	ewed license will	be of the same type for the	e same premises nov	w licensed;
2. the lice	nsee has complie	ed with all laws of the Com	nmonwealth relating	to taxes; and
3. the prei	mises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, I	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT li	ndividual Social Security Number)
Acts of 2004, sign	ned by the build	ing inspector and the hea	nd of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED:	$\neg$			ISING AUTHORITY
DISAPPROVED:			Ву:	
(If disapproved ex	plain)			
DATE:				



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	CITY OR TOWN BRO	OOKLINE
Annual	LICENSED 1	FOR 2013
CLASS		YEAR
JST		
STATE: MA	ZIP CODE: 024	146
E OF LICENSE: Res	taurant CATEC	GORY: Wine and Malt Regular
BSITE AND ENTER YOUR EM	AIL ADDRESS	
ES:		
S AND 2 MEANS C	F EGRESS DIRECTLY	ONTO
of perjury that:		
he same type for the	same premises now licens	sed;
all laws of the Comm	onwealth relating to taxe	s; and
ousiness (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:		TIFICATION NUMBER:
	(Note: <u>NO1</u> Individual	Social Security Number)
pector and the head	of the fire department	for the above
	LOCAL LICENSING	AUTHORITY
	By:	
	Annual CLASS  STATE: MA E OF LICENSE: Resi  BSITE AND ENTER YOUR EM ES: S AND 2 MEANS O of perjury that: the same type for the stall laws of the Commousiness (If not explain the commousiness (If not explain the commousiness) (If not explain the common	STATE: MA ZIP CODE: 024 E OF LICENSE: Restaurant CATEC  BESTTE AND ENTER YOUR EMAIL ADDRESS ES: S AND 2 MEANS OF EGRESS DIRECTLY of perjury that: the same type for the same premises now licental laws of the Commonwealth relating to taxe outsiness (If not explain below)  OF Authorized Corporate Officer  E NUMBER: EMPLOYER IDEN (Note: NOT Individual) To possession (1) the certificate required by pector and the head of the fire department liquor liability insurance required by Chap



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LICENSE NUMBER: 0	14800143		CITY OR TOWN	BROOKLI	NE
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: K	CAYUGA INC.				
DOING BUSINESS A	KAYUGA JAPA	NESE RESTAURAN	T		
ADDRESS 1030 COM	MONWEALTH A	AVENUE			
CITY/TOWN: BROO	KLINE	STATE: MA	ZIP CODE:	02215	
MANAGER: WANG	, CHUAN CI TY	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC FIRST FLOOR RETAIL EGRESSES.			HEN AND OFFICE	IN REAR W	7/ 2
2. the licensee 3. the premises SIGNED BY	has complied with are now open for	the same type for the n all laws of the Commbusiness (If not explain or Authorized Corpo	nonwealth relating to		
	,	·			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the head	l of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	l		By:		
DISAPPROVED: (If disapproved explain)	)				
(II disupproved explain)	,				
D.A.TE					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800145		CITY OR TOWN	BROOKLINE		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: NEW BROOKL	NE VILLAGE INC.				
DOING BUSINESS A					
ADDRESS 294 WASHINGTON ST					
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE:	02446		
MANAGER: PATEL,NARENDR T AKUMAR MANEKLAL	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREM	IISES:				
CONSISTING OF APPROX 1760 SQ FT WITH FRONT AND REAR ENTRANCE					
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	ith all laws of the Com	nonwealth relating to			
SIGNED BY Individual, Partn	er or Authorized Corpo	orate Officer			
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS! By:	ING AUTHORITY		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014800146		CITY	OR TOWN	BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	DBGF LLC					
DOING BUSINESS A	BEACON STI	REET TAVERN				
ADDRESS 1032 BEA	CON STREET					
CITY/TOWN: BROC	OKLINE	STATE:	MA ZI	P CODE:	02446	
MANAGER: WALS	H, PAUL	TYPE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		JR WEBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		
DESCRIPTION OF LI			E ANID 40 CI	EATE ON D	ATIO WITH	2
FIRST FLOOR RESTA ENTRANCE/EXITS I			2 AND 40 SE	EATS ON PA	ATIO, WITH	, 2
I hereby certify and sw	ear under nenal	ties of periury that				
• •	-	of the same type for		remises now	licensed;	
		with all laws of the	1			
3. the premise	s are now open	for business (If not	t explain belo	ow)		
SIGNED BY	Individual Dom	tner or Authorized	Componeto Of	÷.		
	marviduai, Fart	mer of Authorized	Corporate Or	iicei		
DATE:	TELEDIA	ONE NIUMBED.		EMPLOYEI	R IDENTIFICAT	TON NUMBER:
	IELEPH	ONE NUMBER:	()			Security Number)
<b>33</b> 7 41 1 1 1 1	44 441 4		(1) (1) (1)	. , .	11 61 4	204 64
We the undersigned, Acts of 2004, signed 1						
named license and (2 of 2010.						
Please Check Below:			1.00	TAL LICENIA	TING AUTU	ODITY
APPROVED:			LOC By:	AL LICENS	SING AUTH	ORITY
DISAPPROVED:			Dy.			
(If disapproved explain	i)					
DATE:						
DATE.						



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LICENSE NU	MBER: 014800147		CITY OR TOWN BROOKLINE	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEA	R
	AME: HERSHA HOSP NESS A BROOKLINE			
ADDRESS 40	WEBSTER ST			
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02446	
MANAGER:	O'BRIEN, T CATHERINE M.	YPE OF LICENSE: Inn	holder CATEGORY: All A	Alcohol
EMAIL ADDI	RESS:	_		
		R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
T h h		:		
• •	y and swear under penalt renewed license will be		same premises now licensed;	
		* *	monwealth relating to taxes; and	
	premises are now open f		•	
SIGNED BY	Individual, Partr	ner or Authorized Corpo	prate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION N	
			(Note: NOT Individual Social Security	Number)
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chapter 304 d of the fire department for the abov trance required by Chapter 116 of th	e
Please Check Belo	ow:		LOCAL LICENSING AUTHORIT	Y
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	· Capiani)			
DATE:				



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LICENSE NUMBER	t: 014800149		CITY OR TO	WN BROOKLI	NE
APPLICATION FOI	R RENEWAL:	Annual	Ll	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Zenna Manag	ement, LLC			
DOING BUSINESS	A zenna noodl	e bar			
ADDRESS 1374 Be	acon St				
CITY/TOWN: BRO	OOKLINE	STATE: MA	ZIP COD	E: 02445	
MANAGER: Truo	ng, Tien	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
2000 sq ft. dining roo	om with 40 seats	s. Kitchen and one entra	nce, one exit in r	ear	
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renew	ed license will b	be of the same type for t	he same premises	s now licensed;	
2. the licens	ee has complied	l with all laws of the Con	mmonwealth rela	ting to taxes; and	
3. the premi	ses are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual, Pa	artner or Authorized Con	porate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICAT	
			(Note: <u>N</u>	OT Individual Social S	Security Number)
Acts of 2004, signed	d by the building	re are in possession (1) ng inspector and the he ate of liquor liability in	ead of the fire de	epartment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILEI	D BY LICENSEES DURING THE	E MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800152		CITY OR TOWN	BROOKLINE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PREVOZ INC			
DOING BUSINESS A RUSSIAN VILLAG	E		
ADDRESS 1659A BEACON STREET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE:	02445
MANAGER: STEPHEN KOGAN TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
1500 SQ. FT. WITH FRONT ENTRANCE WITH TWO DOORS, REAR ENTRANCE WALL			
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	l laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now open for bu	siness (If not expla	in below)	
SIGNED BY	Authorized Come	mata Offican	
Individual, Partner or	Authorized Corpo	rate Officer	
DATE: TELEPHONE		EMPLOYER	IDENTIFICATION NUMBER.
TELEPHONE I	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			•
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:014800153		CITY OR TOWN	BROOKLINE	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	WINESTONE INC	1			
DOING BUSINESS	A				
ADDRESS 1160 BO	YLSTON STREEET	7			
CITY/TOWN: BRO	OKLINE	STATE: MA	ZIP CODE:	02445	
MANAGER: DUB PATE		PE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:					
1000SQ. FT. LOCATED ON THE FIRST FLOOR WITH ONE MAIN ENTRANCE AND ONE BACK DOOR FIRE EXIT. BASEMENT AREA OF 500 SQ. FT.					
2. the license 3. the premis	ee has complied with	the same type for the all laws of the Comr business (If not expla-	nonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHORITY	
DISAPPROVED: [ (If disapproved expla	in)				
(п шѕарргочей ехріа	111 <i>)</i>				
DATE:					



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LICENSE NUMBER:	014800155		CIT	Y OR TOWN	BROOKLI	NE
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1700 BEA		OOKLINE, LL	C			
CITY/TOWN: BROO		STATE:	MA	ZIP CODE:	02445	
MANAGER: LAWT		~				All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL A	DDRESS		
PREMISES CONSIST AND OUTDOOR PA STREET AND BACK I hereby certify and sw	TING OF 4500 SQ. TIOSUMMER M ENTRANCE TO A	FT. OF RESTA CONTHS 36 SI ALLEY	EATSON			
3. the premise SIGNED BY	has complied with a are now open for the latest the lat	business (If no	t explain be	elow)	o taxes; and	
DATE:	TELEPHONI	E NUMBER:		EMPLOYER (Note: NOT Inc		ION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the	e head of t	he fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LC By	OCAL LICENS	SING AUTHO	ORITY
DATE:			_			



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LICENSE NUI	MBER: 014800156		CITY OR TOWN BROOKL	INE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSIN	AME: SINGH FOOD NESS A GOURMET (			
ADDRESS 133		OTATE: MA	7ID CODE 02445	
	BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER:	SINGH,DALVIR	TYPE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PRE			
		DINING HALL SEATIN ND REAR EGRESS ON T	IG OF AND KITCHEN WITI FHE FIRST FLOOR.	H
I hereby certify	and swear under pena	lties of perjury that:		
2. the	licensee has complied	• •	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
. 11	•			
DATE:				
יאום.				



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LICENSE NUMBI	ER: 014800158		CITY OR TOWN BROOKL	INE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES ADDRESS 10 PLE		TTA, LLC		
CITY/TOWN: BE	ROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: RO	DDA, RADA T	YPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
FIRST FLOOR CC I hereby certify and 1. the rene 2. the licer	F LICENSED PREM DNSISTING OF 840 If swear under penalt wed license will be usee has complied w	O SF, SEATING FOR It ties of perjury that: of the same type for th	13. FRONT AND REAR EGRES, e same premises now licensed; nmonwealth relating to taxes; and	SES
SIGNED BY	Individual, Parti	ner or Authorized Corp	porate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, sign	ed by the building	inspector and the hea	he certificate required by Chap ad of the fire department for the urance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	olain)		LOCAL LICENSING AUTH By:	ORITY
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED B	Y LICENSEES DURING THE !	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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CITY OR TOWN BROOKLINE
LICENSED FOR 2013
YEAR
A ZIP CODE: 02445
Restaurant CATEGORY: All Alcohol
R EMAIL ADDRESS
CITY OF 52.
he same premises now licensed;
mmonwealth relating to taxes; and
plain below)
rporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
ead of the fire department for the above
ead of the fire department for the above surance required by Chapter 116 of the Acts
ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800163	1	CITY OR TOWN BROOKLI	NE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: DORADO TACOS 1	LLC		
DOING BUSINESS A DORADO TACOS	& CEMITAS		
ADDRESS 401 HARVARD STREET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: ORGAN,JOHN D. TYPE	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM.	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMISE			
APPROX 1,000 SQ. FT. OF SPACE DIVII RESTAURANT IS COUNTER SERVICE ST. THE OTHER TO A BACK ALLEY OF	WITH TWO ENTR	IES/EXITS ONE ON TO HAR	
I hereby certify and swear under penalties o	f perjury that:		
1. the renewed license will be of th	• 1	•	
2. the licensee has complied with a		•	
3. the premises are now open for be	usiness (If not explai	in below)	
SIGNED BY Individual, Partner o	r Authorized Corpor	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expialii)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014800164		CITY OR TOWN	BROOKLI	NE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		)13
	CLASS			YEAR
LICENSEE NAME: ANASTASI BROOKI	LINE INC.			
DOING BUSINESS A BROOKLINE FINE	WINE & GOURN	MET		
ADDRESS 27 HARVARD STREET				
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE:	02445	
MANAGER: GIANNOPOULOS, TYPE ANASTASIOS	OF LICENSE: Pac	kage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES	S:			
GROUND LEVEL FOR RETAIL PACKAG	E STORE WITH	STORAGE IN BASI	EMENT	
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the	same premises now l	licensed;	
2. the licensee has complied with all	laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for bus	siness (If not expla	in below)		
SIGNED BY				
Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Indi	vidual Social S	ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENSI	NG AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(II disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 014800165		CITY OR TOWN BROOK	LINE
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	E: BROOKLINE BU			
ADDRESS 414 H				
CITY/TOWN: B	ROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: NA	AGAR, MORRIS TYI	PE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	SES:		
APPROX 58X17 S	SF FIRST FLOOR. EX	ITS IN FRONT ANI	O REAR	
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of	the same type for the	same premises now licensed;	
2. the lice	nsee has complied with	all laws of the Com	nonwealth relating to taxes; and	1
3. the pres	mises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Please Check Below:	_		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plain)			
DATE:				
D111 D.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 014800166		CITY OR TOWN BROOKI	LINE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: CFRESTAU	JRANT INC		
DOING BUSIN	NESS A U SUSHI			
ADDRESS 139	93 BEACON ST			
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02445	
	SUN, JUNAN FANG SUN	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PI			
		) FT WITH ONE DINING AND ONE REAR EXIT	ROOM, ONE KITCHEN, STO	ORAGE IN
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	renewed license will	be of the same type for the	same premises now licensed;	
2. the 1	licensee has complie	d with all laws of the Comr	nonwealth relating to taxes; and	l
3. the p	premises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	signed by the buildi	ing inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	capiani)			<del></del>
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 014800167		CITY OR TOWN	BROOKLINE	
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAM	E: VINODIVIN	O2 LLC			
DOING BUSINES	SS A VINODIVII	NO			
ADDRESS 1669	BEACON STREE	Т			
CITY/TOWN: B	ROOKLINE	STATE: MA	ZIP CODE:	02445	
	O, RAPHAEL ELLER	TYPE OF LICENSE:	Cackage Store C.	ATEGORY: Wine and Malt Regular	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION C	OF LICENSED PR	EMISES:			
		FIRST FLOOR AND 90 ITS ARE ALSO ON TH			
I hereby certify an	nd swear under pen	alties of perjury that:			
1. the ren	newed license will	be of the same type for t	ne same premises now	licensed;	
2. the lice	ensee has complied	d with all laws of the Con	nmonwealth relating t	o taxes; and	
3. the pre	emises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Con	porate Officer		
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:	
			(Note: NOT Inc	lividual Social Security Number)	
Please Check Below:			I OCAL LICENS	SING AUTHORITY	
APPROVED:			By:	INO AUTHORITT	
DISAPPROVED:			zy.		
(If disapproved ex	xplain)				
			-		
D 4 500					
DATE:					



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LICENSE NUI	MBER: 014801168		CITY OR TOWN	BROOKLINE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SHIKAMA ENTER	RPRISES INC.		
DOING BUSIN	NESS A UMAMI RESTAU	URANT & BAR		
ADDRESS 170	04 BEACON STREET			
CITY/TOWN:	BROOKLINE	STATE: M	ZIP CODE:	02445
MANAGER:	HOUATCHANTHA TYP RA,PHITSAMAY	E OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
	EL COMMERCIAL BLDG ND ONE IN REAR. SEATI			
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for	the same premises now	licensed;
2. the	licensee has complied with	all laws of the Co	ommonwealth relating t	o taxes; and
3. the	premises are now open for	business (If not e	xplain below)	
SIGNED BY				
	Individual, Partner	or Authorized Co	orporate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed, attest that we are signed by the building ins e and (2) the certificate of	pector and the l	nead of the fire depart	ment for the above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
			<del>-</del>	
DATE:				



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LICENSE NU	MBER: 014801169		CITY OR TOWN BROOM	NLINE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA DOING BUSI	AME: THE COOLIDGI NESS A	E CORNER THEATRE	E FOUNDATION,INC.	
ADDRESS 29	0 HARVARD ST			
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER:	THOMPSON, ANDR T	YPE OF LICENSE: Res	ctaurant CATEGOF	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
DOORS AND	THREE MORE DOUVI SATHROOMS ACCESSI	E DOOR FIRE EXITS	D FLOOR.THREE MAIN E S AROUND THE PERIMET TWO STAIR CASES TO SE	ER. TWO
I hereby certify	y and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	same premises now licensed	;
2. the	licensee has complied wi	th all laws of the Comn	nonwealth relating to taxes; a	and
3. the	premises are now open for	or business (If not expla	nin below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:			EN ON ON ED TO EN ENE	CATION NUMBER
DATE.	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Society)	
			(1 tote: 1401 marvidual 500	ciai Security (variiber)
Acts of 2004,	signed by the building i	nspector and the head	e certificate required by Ch l of the fire department for rance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
DAIL.				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014801170		CITY OR TOWN BROOKL	INE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: 1285 BROOKLIN	E VENTURES LLO		
DOING BUSINESS A THE MEAT HO	USE		
ADDRESS 1285 BEACON STREET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER: HOGAN, TY: CHRISTOPHER D.	PE OF LICENSE: P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
CONSISTING OF APPROX.4,200 SQ. I EXIT AS WELL AS AN ADDITION EX AREA, WORKROOM, STORAGE, AND RETAIL AREA.	KIT. FIRST FLOOR	CONSISTS OF MEAT PREPAT	TATION
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for th	e same premises now licensed;	
2. the licensee has complied with	n all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are now open for	business (If not exp	plain below)	
SIGNED BY	r or Authorized Cor	porate Officer	
marviduai, Fartiiei	of Authorized Corp	orate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER:	014801171		CITY OR TOWN	BROOKLINE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A			LORADO LLC	
ADDRESS 876 COM	MONWEALTH AVE	ENUE		
CITY/TOWN: BROO		STATE: MA	ZIP CODE:	02445
MANAGER: FORE	MAN, JASON TYPE	OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEBS ICENSED PREMISE		MAIL ADDRESS	
PREMISES CONSIST BOTTLED BEER AN ENTRANCE/EXIT TO COMMONWEALTH PATIOTHERE IS OB BACK OF THE REST DELIVERIES TO TH	ID MARGARITAS IN O THE PREMISES T AVENUEWHICH DNE EMERGENCY I FAURANT WHICH I	N THE DINING A THAT A DOUBLE I SERVES AS ACC EXIT THAT IS A LEADS TO A PRI	REATHERE IS O DOOR ENTRANC CESS TO THE PAR SINGLE DOOR LO VATE OUTSID EC	ONE MAIN E WHICH FACES TIALLY ENCLOSED OCATED AT THE
2. the licenses	d license will be of the has complied with a ses are now open for bu	e same type for the ll laws of the Com	nonwealth relating t	
SIGNLE DI	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building insp	ector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER	R: 014801172		CITY OR TOWN	BROOKLINE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	1653 BEACON S	TREET LTD.			
DOING BUSINESS	A JIMMY'S				
ADDRESS 1653 BE	EACON STREET				
CITY/TOWN: BRO	OOKLINE	STATE: MA	ZIP CODE:	02445	
MANAGER: HAN JAM	MELBURG, TY IES B.	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF					
BUILDINGTHE	BUILDING IS ONE	AND ANOTHER EGF FLOOR OF SELLING ND A DINING AREA	G SPACE, A BAR (	CONSISTING OF 400	
I hereby certify and s	swear under penaltie	s of perjury that:			
		the same type for the	_		
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and					
	_		_		
	_	business (If not expla	_		
	ises are now open for		in below)		
3. the premi	ises are now open for	business (If not expla	in below)		
3. the premi	Individual, Partne	r business (If not expla	rate Officer		
3. the premi	Individual, Partne	business (If not expla	rate Officer  EMPLOYER	IDENTIFICATION NUMBER:	
3. the premi	Individual, Partne	r business (If not expla r or Authorized Corpo NE NUMBER:	rate Officer  EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	rate Officer  EMPLOYER (Note: NOT Indecertificate required of the fire departs	IDENTIFICATION NUMBER: ividual Social Security Number)	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	e certificate required of the fire departs	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the ment for the above	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	e certificate required of the fire departs	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in (2) the certificate o	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in (2) the certificate o	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
3. the premi	Individual, Partne  TELEPHON  d, attest that we are d by the building in (2) the certificate o	r business (If not explar or Authorized Corpo NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	IDENTIFICATION NUMBER: ividual Social Security Number)  ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014801173	CITY	OR TOWN BROOK	LINE
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR	2013 YEAR
LICENSEE NAME: COGNAC INC.  DOING BUSINESS A COGNAC BISTRO	)		
ADDRESS 455 HARVARD STREET			
CITY/TOWN: BROOKLINE	STATE: MA Z	ZIP CODE: 02445	
MANAGER: DUNFORD, VASILIKI	E OF LICENSE: Restauran	t CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL ADI	DRESS	
DESCRIPTION OF LICENSED PREMISE			
SMALL FREE STANDING RESTAURAN AND SIDE EXITS.	IT WITH PARKING. RE	STAURANT HAS FRO	ONT, BACK
2. the licensee has complied with a     3. the premises are now open for but SIGNED BY  Individual Partner of		ow)	d
marviaum, rumbro	Trumonzea Corporace C	THECT	
DATE: TELEPHONE		EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head of th	e fire department for tl	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOO By:	CAL LICENSING AUT	PHORITY
DATE:			



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LICENSE NUMBER: 014	801174		CI	TY OR TOW	N BROOKLI	NE
APPLICATION FOR RE	NEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: KO	TO JAPANESE IN	NC.				
DOING BUSINESS A O	SAKA JAPANESE	E SUSHI & S	STEAK I	IOUSE		
ADDRESS 14 GREEN ST	Γ					
CITY/TOWN: BROOKI	LINE	STATE:	MA	ZIP CODE:	02445	
MANAGER: LIN, JIN	TYPE	OF LICENS	E:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	E ALSO VISIT OUR WEBSI		OUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
CONSISTS OF A ONE S' BASEMENT LEVEL.HA EMERGECY EXITS IN I STREET.	NDICAP ACCESS	SIBILITY T	O BOTH	FLOORS.MA	IN FLOOR HA	
I hereby certify and swear	under penalties of	perjury that				
	cense will be of the	• •		•		
	s complied with all			_	g to taxes; and	
3. the premises at	e now open for bus	siness (If not	explain	below)		
SIGNED BY	lividual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE N	NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by a named license and (2) th of 2010.	the building inspe	ctor and the	head of	the fire depar	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			I	By:		
DISAPPROVED: (If disapproved explain)			-			
(11 disapproved explain)						
DATE:			<del>-</del>			



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LICENSE NU	MBER: 014801175		CITY OR TOWN BROOKL	INE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: PUTTERHAM NESS A 12 WEST ROXBURY			
	BROOKLINE	STATE: MA	ZIP CODE: 02467	
MANAGER:	GIANNARIS, GEORGE	TYPE OF LICENSE: RO		Wine and Malt Regular
EMAIL ADDI	RESS:			
CONSISTS OF I hereby certify  1. the  2. the	N OF LICENSED PRI F A FULL SERVICE I y and swear under pena renewed license will b licensee has complied	RESTAURANT A SHOP Palties of perjury that: The of the same type for the	e same premises now licensed; amonwealth relating to taxes; and	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildin	g inspector and the hea	he certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				
ADDI ICATION FOR	P RENEWAL MUST BE FILED	RV LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	164)



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LICENSE NUN	MBER: 014801177		CITY OR TOWN BROOK	LINE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: KHAYAM,	INC		
DOING BUSIN	NESS A KHAYAM			
ADDRESS 404	4 HARVARD ST			
CITY/TOWN:	BROOKLINE	STATE: MA	ZIP CODE: 02445	
MANAGER:	MCMULLEN, LAUREN	TYPE OF LICENSE: Resi	taurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
-	N OF LICENSED P			
		ST FLOOR. TWO DINING I N ENT/EXIT WITH 2 ADDI	ROOMS IN FRONT WITH F TIONAL SIDE EXITS	ATCHEN
I hereby certify	and swear under pe	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	same premises now licensed;	
2. the l	licensee has complie	ed with all laws of the Comm	onwealth relating to taxes; an	.d
3. the 1	premises are now op	en for business (If not expla-	in below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, s	signed by the build	ing inspector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE	<del></del>			
(If disapproved	explain)			
DATE:				



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LICENSE NUMBER: 014801178		CITY OR TOWN	BROOKLI	NE
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: GOURMET REPU DOING BUSINESS A OLEA CAFÉ	UBLIC INC.			
ADDRESS 195 WASHINGTON STREE	ET			
CITY/TOWN: BROOKLINE	STATE: MA	ZIP CODE:	02445	
MANAGER: TAYEH, DAOUD TY	PE OF LICENSE: Resi	aurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI	SES:			
(I.E. FRONT OF HOUSE), AND THE CESPRESSO BAR AREAS. THERE AREONE ON STATION ST AND THE ONI ROOMS; A PREPERATION ROOM, WRECYCLING AND TRASH. THERE IS	E TWO ENTRANCES, E ON WASHINGTON ALKOIN REFRIGER,	EXITS LOCATE STREET. THE B ATOR, AN OFFICE	ED ON FIRST ASEMENT H CE, ROOM FO	FLOOR, IAS 4 OR
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises nov	v licensed;	
2. the licensee has complied with	h all laws of the Comm	onwealth relating	to taxes; and	
3. the premises are now open for	r business (If not expla	in below)		
SIGNED BY Individual, Partne	r or Authorized Corpor	rate Officer		
DATE: TELEPHON	NE NUMBER:		R IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUN	MBER: 014801179		CITY OR TOWN BROOK	LINE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: MASHED, LLC NESS A OTTO BROOKLI	INE.		
	9 HARVARD STREET	- 1-		
	BROOKLINE	STATE: MA	ZIP CODE: 02445	
	ALLEN, ANTHONYTYP			Y: Wine and
WINTOLK.	ALLELIA, ARVINOIVI I II	E Of Electivistines	CATEGOR	Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
	CORNER LOCATION, 12 S RANCE, EXIT REAR	SEATS AT BAR, 48	SEATS DINING, 1ST FLOO	OR,
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of t	he same type for the	same premises now licensed;	
2. the 1	licensee has complied with	all laws of the Comn	nonwealth relating to taxes; ar	nd
3. the 1	premises are now open for b	business (If not expla	nin below)	
SIGNED BY				
SIGINED DI	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004,	signed by the building ins	pector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)14801180		CITY OR TOWN BROC	INLINE
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FO	PR 2013
		CLASS		YEAR
LICENSEE NAME:	K.R. LLC			
DOING BUSINESS A	ALERE			
ADDRESS 202 WASH	IINGTON STREE	T		
CITY/TOWN: BROO	KLINE	STATE: MA	ZIP CODE: 02445	5
MANAGER: RIORD	AN, KEVIN TYI	PE OF LICENSE:Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	SES:		
			E. RESTAURANT ON LEVICES AND EXITS TOTAL	
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of	the same type for the	same premises now licensed	l;
2. the licensee	has complied with	all laws of the Com	monwealth relating to taxes;	and
3. the premises	s are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
D. A. M.E.				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	
			(Note: NOT marvidual Sc	betai Security Number)
Acts of 2004, signed b	y the building ins	spector and the head	e certificate required by Cl d of the fire department for arance required by Chapter	r the above
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	)			
DATE.				
DATE:				